

CONSERVATORSHIP

1

Petition for Approval of Annual Account

Part 1 of 2: The Court Papers
(Forms Packet)

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Self Service Center

CONSERVATORSHIP

PETITION FOR APPROVAL OF ANNUAL ACCOUNT

PART 1 -- THE COURT PAPERS

How to assemble these documents

This packet contains court forms to get a court order to approve the annual account, **but not** forms for notice. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	PBGCF9ft	Table of forms in this packet	1
2	PBGCF9k	Checklist for <i>“Petition for Approval of Annual Accounting”</i> of Conservator	1
3	PBGCF91f	<i>“Petition for Approval of Annual Accounting”</i>	1
4	PBGCF92f	<i>“Form for Submission of Annual Accounting”</i>	7
5	PBGCF93f	<i>“Fee Statement (Local Rule 5.7) and Proof of Mailing”</i>	2
6	PBGCF96f	<i>“Estate Management Plan”</i>	2
7	PBGCF95f	<i>“Response to Court Accountant Report”</i>	1
8	PBGCF97f	<i>“Notice of Hearing”</i>	1
9	PBGCF98f	<i>“Court Order Regarding Petition for Approval of Annual Accounting”</i>	2

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Self-Service Center

**ANNUAL ACCOUNTING OF CONSERVATOR
CHECKLIST**

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed the conservator for an adult or minor; AND
- ✓ You want to file court papers to have the annual accounting approved by the court.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self or ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of

Case Number: PB _____

☐ The Guardianship ☐ Conservatorship of
(check one or both boxes)

PETITION FOR APPROVAL OF

☐ ANNUAL ACCOUNTING OF CONSERVATOR

DUE _____ - _____ - _____
MO DAY YR

☐ an adult ☐ a minor

PERIOD FROM _____ - _____ - _____ TO _____ - _____ - _____
MO DAY YR MO DAY YR

AND/OR

☐ FEE STATEMENT

State of Arizona)
County of Maricopa) ss.

THE PETITIONER STATES UNDER OATH AS FOLLOWS:

INSTRUCTIONS: For approval of annual accounting, put a check mark in boxes 1, 2, 3 and complete number 1:

1. ☐ This accounting covers the period from _____ (date) to _____ (date) and is due on _____ - _____ - _____
2. ☐ Attached is a correct statement of all financial dealings I had on behalf of the Ward or protected person during this accounting period. The summary of all financial transactions I conducted or allowed on behalf of the Ward or protected person during this period of time are fully described, itemized, and summarized on the attached pages. I request that the Court enter an order approving this annual accounting. (Be sure to attach the accounting.)
3. ☐ Attached is a copy of the Estate Management Plan.

INSTRUCTIONS: For approvals of fee statements, put a check mark in box number 4:

4. ☐ Attached is a copy of the Fee Statement for which I request approval too. (If you check this, attach the Fee Statement.)

SIGNED _____

Subscribed and sworn to before me this _____ day of _____, _____ by
Petitioner.

My Commission Expires:

NOTARY PUBLIC: _____

Superior Court of Arizona in Maricopa County
Probate/Mental Health Department

**FORM FOR SUBMISSION OF ANNUAL ACCOUNTING
FOR CONSERVATORSHIPS**

COURT CASE NUMBER _____

TODAY'S DATE: _____

INSTRUCTIONS. This form is provided for you to summarize the financial transactions made during a given accounting period. Accounting Guidelines are also included in this packet to help you complete this form. Attach this form to the Petition for Approval of the Annual Account.

1. This is the # _____ (1st, 2nd, and so forth) annual accounting for this estate. This accounting covers the time period from _____ (date) to _____ (date).
2. The current amount of the bond is _____. It should be increased to \$_____, or decreased to \$_____ to cover the unrestricted assets plus the unrestricted income of the next accounting period.

ACCOUNT SUMMARY

INSTRUCTIONS: Complete Lists A-F first, then enter the total from each list on this summary.

A	The beginning balance of the Ward or Protected Person account from LIST A , page 2.		\$	
B.	PLUS the money I received during this period of time on behalf of the Ward or Protected Person from LIST B , page 3.	+	\$	
C.	PLUS the gains on the value of property I sold or otherwise disposed of and other adjustments as itemized in LIST C , page 4.	+	\$	
D.	MINUS the money I have spent during this time period as itemized in LIST D , page 5.	-	\$	
E.	MINUS the losses on the value of property I sold or otherwise disposed of and other reductions, as itemized in LIST E , page 6.	-	\$	
F.	EQUALS the ending balance of the property of the Ward or Protected Person as itemized in LIST F , page 7.			
	(Total)	=	\$	

LIST A-- BEGINNING BALANCE

Itemization of assets of Ward or Protected Person at the beginning of this account period
(Add as many sheets of paper as necessary to describe)

	Description	Value
List all checking accounts, savings accounts, money market accounts: (include name of bank, address, account type, name account is under, account number)		
List all stocks, bonds, mutual funds: (include company name, address, number of shares, value per unit)		
List all Life Insurance Policies: (include company name, policy number, cash value)		
List all personal property: Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value)		
List all real property:		

ENTER TOTAL FROM LIST A HERE AND ON PAGE 1, LINE A \$ _____

Note: If the estate owes debts on any of the property listed above, including credit card debt, then for each debt also indicate the payee, principal balance, interest rate, payoff date.

LIST B--MONEY RECEIVED DURING THIS ACCOUNT PERIOD

(Add as many sheets of paper as necessary to describe)

[illegible]

LIST C-- SCHEDULE OF GAINS

Property of the Ward or Protected Person that was sold or otherwise disposed of during this account period and other adjustments.

(Add as many sheets of paper as necessary to describe)

[illegible]**TOTAL (ENTER AMOUNT HERE AND AT LINE C ON PAGE 1)**

\$ _____

LIST D--MONEY SPENT

On behalf of the Ward or Protected Person during this account period
(Add as many sheets of paper as necessary to describe)

[illegible]

LIST E--SCHEDULE OF LOSSES

**Losses on the value of property sold or otherwise disposed of,
and other reductions in the value of the estate during this account period**
(Add as many sheets of paper as necessary to describe)

[illegible]

LIST F--VALUE OF THE WARD or PROTECTED PERSON'S PROPERTY AS OF THE END OF THIS ACCOUNT PERIOD

Itemization of assets of the Ward or Protected Person at the end of this account period
(Add as many sheets of paper as necessary to describe)

	Description	Value
List all checking accounts, savings accounts, money market accounts: (include name of bank, address, account type, name account is under, account number)		
List all stocks, bonds, mutual funds: (include company name, address, number of shares, value per unit)		
List all Life Insurance Policies: (include company name, policy number, cash value)		
List all personal property: Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value)		
List all real property:		

ENTER TOTAL FROM LIST F HERE AND ON PAGE 1, LINE F \$ _____

Note: If the estate owes debts on any of the property listed above, including any credit card debt, then for each debt also indicate the payee, principal balance, interest rate, payoff date.

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney's Bar Number (if applicable): _____
Representing ☐ Self or ☐ Attorney for _____

**SUPERIOR COURT OF ARIZONA
MARICOPA COUNTY**

In the Matter of the (check one or both)
☐ Guardianship and/or ☐ Conservatorship of

Case Number: PB _____

**FEE STATEMENT (LOCAL RULE 5.7)
AND PROOF OF MAILING**

☐ an Adult or ☐ a Minor _____

INSTRUCTIONS: This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, and so forth

STATEMENT OF FEES FOR SERVICES: The following is a statement of fees for services rendered from _____ (date) to _____ (date).

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME

NUMBER OF HOURS BILLED:

Total number of hours billed is _____ x \$ _____ per hour = \$ _____
TOTAL CHARGE

PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: _____

Your Signature: _____

Name of Person Filing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (Check one or both)
☐ Guardianship ☐ Conservatorship

Case Number PB: _____

ESTATE MANAGEMENT PLAN AND PROOF OF MAILING (Maricopa County Local Rule 5.7(c))

_____ ☐ an Adult or ☐ a Minor.

Note: This document must be completed in all cases where the conservator or trustee is required to file an accounting with the court. Print or type neatly using **black ink only**. Use additional paper if necessary. Follow the Superior Court Fiduciary Fee Guidelines.

1. Physical condition of the person: _____

2. Anticipated care of ward/protected person, and services to be provided: _____

3. Special needs of the ward/protected person: _____

4. Other special needs of the ward/protected person: _____

5. Anticipated expenses for the ward/protected person, including project fiduciary fees: _____

6. Anticipated changes in finances/financial status of ward/protected person: _____

7. A copy of this management plan was mailed or delivered to the following persons:

NAME

ADDRESS

RELATIONSHIP

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date: _____

Signed: _____

Your Name: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or two)
☐ Guardianship ☐ Conservatorship

Case Number PB: _____

RESPONSE TO COURT ACCOUNTANT REPORT# _____ (1st, 2nd, 3rd, etc.) ANNUAL ACCOUNTING OF CONSERVATOR

_____ ☐ an adult or ☐ a minor

State of Arizona)
County of Maricopa) ss.

I am the person responsible for submitting the accounting. I respond under oath to the court accountant report as follows: (Be sure to address each point raised by the court accountant or the judge in the Order. Attach an amended accounting and supporting documents, if required. Do not attach bond, bond riders, or proof of restricted account -- file these separately. Use additional paper if necessary.)

SIGNED: _____

Subscribed and sworn to before me this date: _____ by _____
(Month/Day/Year)

My Commission Expires:

NOTARY PUBLIC: _____

Copy of the foregoing mailed this date: _____, to the following individuals at the following addresses:

Name of Person Filing Document: _____
Address: _____
City, State, Zip Code: _____
Telephone Number: _____
Attorney Bar Number (if applicable): _____
Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

Case Number: PB _____

NOTICE OF NON APPEARANCE HEARING REGARDING ANNUAL ACCOUNTING

☐ an Adult ☐ a Minor _____

READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do not understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE IS GIVEN** that the Petitioner has filed with the Court the following Petition and other court papers (List the title of the Petition and the titles of all papers you filed with the court):

1. _____
2. _____
3. _____
4. _____
5. _____

2. **COURT HEARING.** A non-appearance court hearing has been scheduled to consider the Petition and matters in the court papers as follows:

DATE AND TIME: _____

PLACE: _____

JUDICIAL OFFICER: _____

3. **RESPONSE TO PETITION.** This is a non-appearance hearing. You do not need to come to the hearing unless you disagree with the Petition. If you want the judge to know why you disagree with the Petition, you should come to the hearing and state your objection. You can also file a written objection at least 10 days prior to the hearing.

DATED: _____
(Month/Day/Year)

Petitioner's Signature

Name of Person Signing Document: _____
Your Address: _____
Your City, State, Zip Code: _____
Your Telephone Number: _____
Attorney's Bar Number (if applicable): _____
Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of the (check one or both)
☐ Guardianship ☐ Conservatorship of

Case Number: PB _____

COURT ORDER REGARDING PETITION FOR APPROVAL OF ANNUAL ACCOUNTING # _____ (1st, 2nd, 3rd, etc.) AND FEE STATEMENT (if applicable)

(Name of Ward or Protected Person)

NOTICE: This is an important court order that could affect your legal rights. Read it carefully. If you do not understand it, consult an attorney for legal advice.

FINDINGS OF THE COURT:

1. A Petition for Approval of Annual Accounting # _____ was filed by _____.
2. Notice of the Petition was ☐ given as required by law or ☐ waived by all interested persons or ☐ other:
3. The Petition for Approval has been reviewed by the Court Accountant and by the Court.

IT IS ORDERED:

1. ☐ **The Accounting is approved** as submitted for the period from _____ to _____.

OR

- ☐ **The Accounting is approved but** with the following provisions: _____

OR

- ☐ **The Accounting is not** approved. The Petitioner shall file with the court a written Response to the Court Accountant's Report, provide a copy of the Response to the Court Accountant and to all persons entitled to notice of the Annual Accounting, and shall address each and every recommendation of the Court Accountant by _____ (date). If additional documentation or amended schedules are required by the Court Accountant, they shall be attached to the Petitioner's Response. Petitioner

shall include a self-addressed, stamped envelope to the Court Accountant with the Response. Failure of Petitioner to fully address the Court Accountant's recommendations will result in the court setting a hearing date at which time the Petitioner will be required to appear in court to explain the accounting. The court may also order the Petitioner to personally bear additional expenses incurred in resolving the accounting issues.

2. ☐ **The fee statement is approved** and fees are allowed in the amount of \$ _____

OR

☐ **The fee statement is not approved** and Petitioner is ordered to do the following things: _____

DONE IN OPEN COURT: _____

JUDICIAL OFFICER OF THE SUPERIOR COURT